



ACADEMICIA
An International
Multidisciplinary
Research Journal
 (Double Blind Refereed & Peer Reviewed Journal)



DOI: 10.5958/2249-7137.2021.00700.X

CAUSES OF UNDER-NUTRITIOUS CONDITION AMONG CHEPANG CHILDREN (A STUDY FROM BENIGHAT-RORANG RURAL MUNICIPALITY, DHADING NEPAL)

Sanjaya Bahadur Chand*; Bijaya Mani Devkota**

*M phil Fellow,

Central Department for Population Studies,
 Tribhuvan University, Kathmandu NEPAL

**Lecturer,

Central Department for Population Studies,
 Tribhuvan University, Kathmandu NEPAL

ABSTRACT

Nutrition is the study of food and its relation to health. Nutrition plays an essential part in body growth, development, maintenance and the utilization of food. People need enough food to reach their optimal physical growth and to live a healthy life. Primary malnutrition occurs as a result of an inadequate diet. There are many contributors to malnutrition, including access to food, maternal and child health, personal and environmental risk factors. Even if these root causes are present, poverty, lack of resources, and social, economic and political factors still play a role. Malnutrition is a common problem in Nepal, affecting children's growth and development. Children who are physically or mentally undernourished are less productive than normal children. Malnutrition in the early years may have an impact on future cognitive development. The concern about why malnutrition is prevalent in marginalized communities is one of Nepal's current health concerns. Mismanaged resources have caused a severe health crisis in remote areas of the country. The Chepang are among the most underprivileged indigenous ethnic groups with a complete lack of knowledge and awareness, leading to severe malnutrition. This study sought to discover trends in the causes of inadequate health among the Chepang people. A mixed-method approach combining the census sampling method with a cross-sectional study design was used for this study. All significant causes of malnutrition were found to be poverty-stricken rural communities. In this area of study, the principal causes of malnutrition are early

marriage; teenage mothers, low birth spacing, inadequate food, poor personal hygiene, early weaning practice, and maximizing money spend on alcohol and smoking.

KEYWORDS: *Malnutrition, under nutrition, over nutrition, stunt, wasting*

INTRODUCTION

Malnutrition refers to deficiencies, excesses, or imbalances in the energy and nutritional intake of a person. The term malnutrition applies to two broad groups. First is under nutrition and other one is overweight.¹⁴ According to estimates by World Health Organization, malnutrition leads to more than one-third of all child deaths, although it is rarely reported as a direct cause.¹³ Poor feeding practices or inadequate breastfeeding offer dirty foods, hand washing before food, and they do not ensure that the child is getting enough nutritious food to contribute to malnutrition.^{8,11} Children under the age of five face a number of burdens: 150.8 million are stunted and 50.5 million children under the age of five are wasted in worldwide.³

Nepal has made impressive steps in reducing chronic under nutrition (stunting) nationally, which fell from 57 % in 2001 to 36 % in 2016. Acute malnutrition (Wasting) is around 10 % of children under 5, which is deemed “high” according to 2017 WHO public health prevalence thresholds.^{5,6,7} Still, most of remote areas and endogenous communities are found more malnutrition than urban areas. It is due to the poor maternal nutrition, poor child feeding and low child birth spacing. In this study, the Chepang are living with depending on traditional farming systems. The economy of the Chepang is farming, forest and stream-based with traditional and indigenous technology.⁴ The major crops are Maize and Finger Millet.^{1,15} The average of their own food production is sufficient for about 6-8 months per year.^{9,10}

MATERIAL AND METHODS

A cross-sectional study design utilizing the census method (All 128 malnourished child of Benighat-Rorang whose were identified by Shanti Nepal on October 2019) was used for the study. Both quantitative and qualitative approaches were applied to get valid and reliable information. This study's population was under nutritious Chepang children of under five years (6-59 months) of Benighat-Rorang rural municipality, Dhading. The children cannot respond to the question, so the mother of under nutritious children was selected for this study. Mix methods (qualitative and quantitative) were applied for this study.

A structured self-administered questionnaire collected the quantitative data with an interview and qualitative data were collected using a semi-structured interview schedule by in-depth-interviews. Two Key informants' interview and four focus group discussions were conducted to collect the in formations from studies areas. This study has its charm and importance, and this part has different identities to focus on and concentrate on research. In this research, Statistical Package for Social Sciences (SPSS) version 16 was used for quantitative data analysis.

Result

Among 128 respondents, 39.1 % of respondents had completed primary education followed by 34.4% who had informal education, 4.7% had lower secondary, 3.1% had secondary and only 1.6% had higher secondary and above. Unfortunately, 17.2% of respondents were found stills

uneducated. Maximum respondents (68.8%) were drinking tap water, 15.6% were drinking spring water, 14% were drinking well water and 1.6% was drinking river water.

Access to food means that individuals have access to adequate resources (entitlements) for the acquisition of appropriate foods for a nutritious diet.^{2,12} In this study area's peoples are producing different crops. In the Chepang community, a maximum (50%) of respondents had food sufficient for only six months; 23.4% had twelve months, 10.9% had ten months, 6.3% had eight months, 4.7% had three months, 3.1% had nine months and 1.6% had one month. More than 75% of respondents had not sufficient food for a whole year. 73.4% respondents have managed the insufficient food from the market. 10.9% of respondents were managed by begging to be returned and only 25% of respondents had sufficient food. Similarly, 14.1% of respondents managed insufficient food by doing different business activities, such as selling Doko and vegetables.

In Nepal, the prenatal and postnatal care practice has not developed too much. Most pregnant women are not found proper diet, health check and proper care from their relatives. The demographical difficulties and lack of health facilities and rural communities' women do not get ANC checkups and postnatal checkups. Due to the lack of education, traditional and social norms, lots of child marriage and teenage childbearing are found in rural and moralized communities. So, the parental care practice of Nepal affected the nutritional sector.

According to the Nepal demographic health survey 2016, women in Nepal are married earlier than men. The median age at first marriage for women aged 25- 49 is 17.9 years, compared to 21.7 years among men aged 25-49 years. The legal age for marriage in Nepal is complete of 20 years.^{6,7} In the study area found maximum numbers of respondents (72%) were married between 15 and 19. Similarly, 17% of respondents were married less than 15 years. Only 11% of respondents were married between the ages of 20-24 years. Most of respondents (69%) had a first child born in age between 15-19 years and only 28% of respondents had a first child born in age between 20-24 years. In this study, most children (48.4%) were found mild malnutrition. The severe cases of malnutrition were found too much in Chepang communities in the context of Nepal. According to this study, 62.5% of female children found malnutrition, and only 37.5% of children were found malnourished.

Nepal's government has an ANC protocol, where mentioned the ANC checkup visits at the fourth, sixth, eighth, and ninth months of pregnancy. In the study population, most of respondent (89%) had ANC during pregnancy and only 11% had not done ANC visit during pregnancy. Pregnancy women do not visit health facilities due to the various regions. In Chepang community maximum number of respondents (57.1%) did not know the importance of ANC, 28.6% were due to their family obstructions, and 14.3% were due to the health facility near their home. Regarding to place of childbirth, more than half (56%) of respondents were found they gave childbirth at home, only 42% of respondents had given their childbirth in health facility and two % had other places. The maximum numbers of respondents (73.4%) were found a usual meal during pregnancy, 25% were found to take food and fruit during pregnancy, and only 1.6% was found to take food, meat, and fruit during pregnancy.

Breastfeeding duration was found to be up to six months (94%) and 6% was found up to one year. Due to the traditional norm and lack of awareness in the Chepang community, early weaning is a major factor in Chepang children's malnutrition. The majority (61%) of respondents

had done weaning before six months and only 39% of respondents had done weaning after six months. Most people's (82.8%) found they checkup the sick child at the health post, 7.8% peoples check up their child at PHCC, 3.1% check up their child at private health facility, 4.7% checkup others place such as traditional healers, and 1.6% peoples did not take any place for checkup their child and they care at home.

Most of the respondents (98%) were found hand washing before and after child feeding; only 2% of people found they do not hand washing before and after child feeding. 57.8% of respondents were hand washing with soap and water (proper hand washing). In the Chepang community, there were also found that peoples still used the soil, ash and other materials for hand washing. Regarding the use of the place for child toilet, more than half (54.7%) respondents were used open place during child toilet and only 37.5% respondents were used toilet during child toilet and 7.8% respondents were used other place (cloth, pot etc.) during child toilet.

After the doing of child toilet, all most half (56.2%) respondents had disposal their child facial in the toilet, 31.2% had an open place and 12.5% had the disposal of their child stool in the farm.

Regarding the Chepang community's birth spacing, most of the respondents (45.3%) had 13-24 months of birth spacing. Similarly, 28.1% of the respondent had 0-12 months, 18.8% respondents had 25-36 months, 4.7% respondents had 37-48 months and 1.6/1.6% respondents had 49-16 months and 60+ months of birth spacing. Maximum respondents (95%) had listened about family planning methods and only 5% had not listened about family planning methods. 87.5% of the respondents had to listen about Depo, 84.38% of respondents had listened about Norplant and 72.44% had listened about Pills. Similarly, 39.06% of respondents had listened about Copper-T, 35.94% of respondents had listened about vasectomy, 34.38% had listened about Condom, and 21.88% had listened to Minilab. 61% respondents were currently used to family planning methods and only 39% were not used family planning methods.

In the under nutritious children's family had seen excessive alcohol and smoking behavior. Most of the family members, including adults, were also found taking smoke and alcohol. Most of the respondents (79.7%) had a behavior of taking smoke and alcohol, and only 20.3% had no behavior of taking smoke and alcohol. Two-thirds (62.5%) of respondents took both alcohol and smoking, 12.5% of respondents had smoking and 4.7% had smoking behavior. This study found that the average monthly spending on alcohol and smoking was found NRs. 2666 in the Chepang community. It is a big amount for the poorest families.

DISCUSSION

The study found that demographic characters influenced child nutrition. Most uneducated families had found more malnutrition than educated families. The primary cause of malnutrition was found in poverty. Due to poverty, most of the study population had no permanent home, own toilet, sufficient land for agriculture and money for the study. The average month of food sufficiency was found six months in the Chepang community.

Similarly, parental and child care practice had also helped to become malnutrition. Due to early marriage and teenager childbearing, most of the child falls under nutritious condition. In this study, the average age of marriage was 16 years, and the average of first childbirth was 17 years. In Chepang community had also found discrimination in son and daughter, which resulted in 63% of female children were found under nutritious conditions.

Nepal's government had established lots of birthing centers in a rural community, but still, most Chepang had not practiced delivering in health institutions. In this study, 56% childbirth was found at home. Balance diet and extra food needed during the pregnancy period, but the study population were found 73% had not taken extra food and fruit during pregnancy.

The average age of under nutritious child was found 31 months. It was due to a lack of proper care of children, such as exclusive breastfeeding. In this study, 59% of respondents had to breast-feed the newborn baby within an hour and 61% of the respondents had conducted weaning before six months.

The other cause of malnutrition was found in sanitation behaviors. 98% of the respondent had hand wash before and after child feeding, but they had not correctly hand wash. Only 57.8% of the respondent had hand wash by using soap and water (proper hand wash). In the study population, 54.7% of children were toilets at an open place. Moreover, 56.2% were the disposal of their child stool in the toilet.

Family planning practice also had a role in malnutrition. Poor child spacing is a major cause of malnutrition. In this study, 73% of respondents had less than 24 months of birth spacing. The average birth spacing was found at 19 months in the study population. There was found low birth spacing so that the children are suffering from malnutrition.

Similarly, personal drinking and smoking habits affect family economics. People can manage insufficient or nutrient food from the market if they have saved money. The study population was found NRs. 2666 average monthly spend on alcohol and smoking.

CONCLUSION

Chepang ethnic group of Nepal is one of the most underprivileged communities regarding access to quality health and education facilities. Due to their traditional living of Chepang, the people are not friendly in coping with modern development practices and hence they live in extreme poverty. Agriculture is the primary source of their sustenance. However, most of the family would produce for less than six months. So, either they go to the jungle searching for yam and other wild foods or seek short-term labor for their sustenance. Limited Chepang families have necessary household facilities such as permanent toilets and safe drinking water.

Early marriage tendency was found very common in Chepang youths because they get the child in their teenage. Due to their traditional beliefs, the Chepang people hesitate to visit ANC and are forced to give birth at home. Due to the poor living standards and lack of awareness, most families were found not providing extra support and diets during pregnancy.

Peoples of the study areas were not found sensitive to care for their newborn babies. There were found early weaning practice. Exclusive breastfeeding for six months is the best for child health, but the Chepang community did not find the same practice.

Traditional cultural beliefs, poverty and lack of health education peoples do not adequately care for the pregnant, lactating mother and children in Nepal. The significant regions of malnutrition are poverty, health education and culture in our community. Early marriage and childbirth, low birth spacing, insufficient food, proper personal hygiene, early weaning practice, maximum investment of money in alcohol and smoking are the leading causes of malnutrition in Chepang community.

Community-based interventions are needed to improve the number of families engaged in income generation works. The local government has to take a package to the reduction of malnutrition. There is also a need to implement policies such as reducing alcohol and smoke supply in the community, stopping early marriage practice, and prompting sufficient food for the most impoverished families and treating severe malnutrition in local health facilities.

Conflicts

The authors declare that there is no conflict of interest in publishing the article.

REFERENCES

1. Dhading Travel & Tours Pvt. Ltd. (2014, April 9). Retrieved from <https://dhadingtravel.blogspot.com/>
2. Food Agriculture Organization (FAO). (2006). *Food security. Policy briefs* (2).
3. Global Nutrition Report (GRN). (2018). *The 2018 global nutrition report is shining a light to spur action on nutrition*. Development Initiatives Poverty Research Ltd. Democratic Republic of the Congo: Center for International Forestry Research.
4. Homes Nepal. (n.d.). *Nutrition program to chepang in Dhusa VDC, Syadul, Dhading District*.
5. Ministry of Federal Affairs and General Administration (MoFAGA). (2017). Retrieved from http://103.69.124.141/gis/?fbclid=IwAR0X1RhdMJ8wheNnW9I3jGY1Jz7vGj_FDZGwQ_oyiXvDSt1T6TZKi7LxKfk
6. Ministry of Health and Population (MOH), New Era. (2017). *Nepal demographic and health survey 2016*. Kathmandu, Nepal: Ministry of Health, Nepal.
7. Ministry of Health and Population (MOHP), New Era. (2016). *Demographic and health survey key findings*. New ERA, Kathmandu.
8. NMISC. (2010). *Preliminary-report; breastfeeding and infant and young child feeding in nepal*.
9. Shanti Nepal. (2020, December 29). Retrieved from http://www.shantinepal.org.np/content/?content_id=62
10. Shanti Nepal. (2013, 12 2). *About Dhading*. Retrieved from http://www.shantinepal.org.np/content/?content_id=62
11. United Nations Children's Fund (UNICEF). (2009). *State of the world's children report-2009*.
12. World Food Programme (WFP). (2017). Retrieved from <http://www1.wfp.org/countries/nepal>
13. World Health Organization (WHO). (2019). *Maternal and producer*. Retrieved from https://www.who.int/maternal_child_adolescent/topics/child/malnutrition/en/
14. World Health Organization (WHO). (2020, April 15). *Malnutrition and producer*. Retrieved from <https://www.who.int/news-room/q-a-detail/malnutrition>
15. Wikipedia. (2020, November 4). Dhading district. Retrieved from https://en.wikipedia.org/wiki/Dhading_District